

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6		2				
7	1					
8	1					
9	1					
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1					
17	1					
18	1					
19		1				
20		2				
21		2				
22	1					
23	1					
24	1					
25	1					
26	1					
27		2				
28		2				
29		1				
30		5				
31		5				
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50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	57					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						